

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25009

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 05

3. Name and address of person filing.

Name George M. Kelly

P.O. Box, Bldg., Room No., if any

Street 1753 Oak Drive

City Eugene

State OR

ZIP Code + 4 97404-2337

4. Name, file number, and address of labor organization.

Name BLEET

Labor Organization File Number 530-923

P.O. Box, Building and Room Number, if any PO Box 1047

Street

City Eagle Point

State Oregon

ZIP Code + 4 97524-1047

5. Position in labor organization.

Legislative Representative

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

George M. Kelly

On

2/13/06

Date

541 689-8009

Telephone Number

Name of Person Filing <u>George M. Kelly</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <u>Paul S. Bovarnick</u>  Trade Name, if any: <u>Of Counsel, Rose, Senders &amp; Bovarni</u>  P.O. Box, Bldg., Room No., if any _____  Street <u>1205 NW 25th Ave.</u>  City <u>Portland</u>  State <u>Oregon</u> ZIP Code + 4 <u>97210</u>	14.a. Nature of payment. <u>Dinner, 7/18/05</u>
13.b. Is the Business an Employer _____ or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right; font-size: 1.2em; margin-top: 10px;"> <u>\$73.75</u> </div>